



APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

City of Concord/Code Administration
City Hall Annex, 37 Green Street, Concord NH 03301
Tel.# (603) 225-8580 Fax# (603) 225-8585

LOCATION: _____ **ZONING DISTRICT** _____

MAP-BLOCK-LOT _____ **LOT SIZE:** _____

Owner or Lessee _____

Tel # _____ Cell # _____ Email _____

Mailing Address _____

Contractor _____

Tel # _____ Cell # _____ Email _____

Mailing Address _____

Architect/Engineer _____

Tel # _____ Cell # _____ Email _____

Mailing Address _____

DESCRIPTION OF WORK: _____

COST Construction \$ _____ Electrical \$ _____ Plumbing \$ _____ Heating and/or A/C \$ _____ Other (elevators etc.) \$ _____ TOTAL COST OF IMPROVEMENTS \$ _____		PROPOSED USE Residential <input type="checkbox"/> One family <input type="checkbox"/> Two or more family # units _____ <input type="checkbox"/> Transient hotel, motel or dorm # of Units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other—specify _____ _____	Nonresidential <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other—specify _____ _____
TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any) <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Foundation Only	DIMENSIONS # of Stories _____ Area of bldg, all stories _____ Area of alteration _____		

I hereby certify the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the City of Concord and State of New Hampshire.

SIGNATURE OF APPLICANT _____ **DATE** _____

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

OWNERSHIP <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) Public (Federal, State or local government)	FIRE SUPPRESSION Does this building have: <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other Suppression _____ _____
RESIDENTIAL BLDGS ONLY No. of Bedrooms _____ No. of Bathrooms: Full _____ Partial _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Private (septic tank, etc.) Public or private company
TYPE OF WATER SUPPLY <input type="checkbox"/> Public or Private company Private (well, cistern)	

A PLOT PLAN DRAWN TO SCALE IS REQUIRED FOR ALL APPLICATIONS EXCEPT INTERIOR RENOVATIONS. The plan shall denote property boundaries, location of existing buildings and structures, paved areas, wetlands, and proposed buildings and/or structures.

Building Permit Number	_____
Building Permit Fee	\$ _____
Impact Fee	\$ _____
Plan Review Fee	\$ _____
Total	\$ _____

For Department Use Only: Use Group: _____ Type Construction: _____ Live Loading: _____ Occupancy Load: _____

APPROVED BY: _____

TITLE: _____ DATE: _____

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